

114.3 CMR 50.00

HOME HEALTH SERVICES

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50.01: General Provisions

- (1) Scope, Purpose and Effective Date. 114.3 CMR 50.00 establishes rates of payment for home health services rendered to publicly-aided patients effective December 1, 2008. The rates set forth in 114.3 CMR 50.00 also apply to individuals covered by M.G.L. c. 152 (the Workers Compensation Act).
  
- (2) Coverage. Except as provided otherwise, 114.3 CMR 50.00 and the rates of payment contained herein will apply to home health services rendered by eligible providers to publicly-aided individuals. Separate rates are specified for the following situations:
  - (a) The eligible provider bills as an individual practitioner for professional services rendered, and the services are not covered by a facility rate.
  - (b) The eligible provider bills as a provider agency and employs, either through contractual agreement or salary, qualified professionals who do not bill independently for professional services rendered and whose services are not covered by a facility rate.

The allowable fees established pursuant to 114.3 CMR 50.00 for services provided to publicly-aided individuals will apply to all home health services, as defined in 114.3 CMR 50.02, regardless of the type of program under which the governmental unit is purchasing the services. The allowable fees will be full compensation for the home health services rendered, including but not limited to administrative or supervisory duties and costs in connection with service provision.

- (3) Administrative Bulletins. The Division may, from time to time, issue administrative bulletins to clarify its policy on substantive provisions of 114.3 CMR 50.00. In addition, the Division may issue administrative information bulletins that specify the information and documentation necessary to implement 114.3 CMR 50.00. Such information and documentation could include changes to cost reporting deadlines and the cost report itself.

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(4) Disclaimer of Authorization of Services. 114.3 CMR 50.00 is not authorization for or approval of the substantive services, or lengths of time, for which rates are paid pursuant to 114.3 CMR 50.00. Governmental units that purchase services from eligible providers are responsible to define, authorize, and approve the services provided to publicly-aided individuals and the length of time for which the approval is applicable. Information concerning substantive program requirements must be obtained from purchasing governmental units.

(5) Authority. 114.3 CMR 50.00 is adopted pursuant to M.G.L. c. 118G.

50.02: General Definitions

As used in 114.3 CMR 50.00, terms will have the meanings set forth in 114.3 CMR 50.02.

Additional Patient When two or more members in the same household are receiving skilled nursing visits during the same time period, a reduced rate shall be paid for each subsequent member in the household. When billing for the subsequent visit, the procedure code and modifier must reflect the visit for each subsequent member.

Agency Direct Nursing Compensation will mean the total amount a provider agency paid to, or on behalf of a registered nurse or a licensed practical nurse as salary, wages and benefits, including the employer's share of statutory and non-statutory benefits.

Continuous Skilled Nursing Care will mean the provision of skilled nursing services for at least two consecutive hours in duration in the home by eligible providers.

Direct Care Nurse will mean an agency nurse who provides hands-on continuous skilled nursing care to publicly-aided individuals.

Division. The Division of Health Care Finance and Policy established under M.G.L. c.118G.

Eligible Provider will mean an individual practitioner or an organization certified as a provider of services under the Medicare Health Insurance Program for the Aged (Title XVIII) and meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing home health services.

Governmental Unit. The Commonwealth of Massachusetts and any department, agency, board, commission, division or political subdivision of the Commonwealth.

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Home Health Agency. An agency that provides health services in a home setting. These services include skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work and home health aide services.

Home Health Aide Service. The provision of personal care in the home, under the supervision of a registered professional nurse, or, if appropriate, a physical, speech or occupational therapist. Home Health Aide Services are performed by trained personnel who assist clients to follow physicians' instructions and established plans of care. Additional services include, but are not limited to, assisting the patient with activities of daily living, exercising, taking medications ordered by a physician that are ordinarily self-administered, assisting the patient with necessary self-help skills, and reporting to the professional supervisor any changes in the patient's condition or family situation.

Home Health Services. Skilled nursing visits, continuous skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work and home health aide services provided in the patient's home.

Home Visit. A morbidity visit rendered in the home by a qualified employee of a home health agency.

Household. A place of residence where two or more MassHealth members are living; (A) in a group home, residential care home or other group living situation; (B) at the same street address if it is a single family house that is not divided into apartments or units; or (C) at the same apartment number or unit number if members live in a building that is divided into apartments or units.

Individual Practitioner. A registered nurse (RN) or licensed practical nurse (LPN), who directly provides authorized continuous skilled nursing services and who bills independently for professional services rendered.

Interpreter Costs. The necessary costs associated with providing translation services to non-English speaking patients by an individual other than the person providing the care.

Merged Agency. An eligible provider that has merged with one or more other eligible providers to become a single entity.

Minor Medical Supplies. Items that are either frequently furnished to patients or are utilized individually in small quantities. Such items are not expected to be specifically identified in the physician's plan of treatment and no separate charge is made for them. Examples of minor medical supplies include cotton balls, alcohol prep, bandages and

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surgical sponges. Documentation for the cost of these supplies must be maintained separately from billable supplies.

New Agency. A certified agency, that has not previously provided home health services for one year or more as an eligible provider under 114.3 CMR 50.00.

Normal Work Day. The number of hours in the normal workweek reported on the most recent cost report divided by five. It is not applicable to the providers of continuous skilled nursing care.

Nursing Service. Services provided by a professional Registered Nurse, Licensed Practical Nurse or a nursing student under the supervision of a Registered Nurse, including, but not limited to the following: evaluating nursing care needs; developing and implementing a nursing care plan; providing services that require specialized skills; observing signs and symptoms, reporting to the physician; initiating nursing procedures; giving treatments and medications ordered by the physician; teaching the patient and family. This service may also include supervising other personnel.

Occupational Therapy. Services provided by a registered occupational therapist (O.T.R.), a certified occupational therapy assistant (C.O.T.A.) or an occupational therapy student supervised by a registered occupational therapist including: evaluating a patient's level of function; applying diagnostic and prognostic procedures; teaching activities of daily living; observing and reporting to the physician; instructing the patient, family and health team personnel. These services may also include supervising other personnel.

Office Visit. A health promotion or therapeutic visit rendered in a home health agency's office.

Physical Therapy. Services provided by a registered physical therapist (R.P.T.); a physical therapy assistant (P.T.A.) or a physical therapy student supervised by a registered physical therapist including: evaluating patient care needs; treating a patient with active and passive exercises; using specialized equipment such as packs, vibrators, etc; observing signs and reporting symptoms to the physician; instructing a patient, family and health team personnel in the use of braces, other equipment and modalities. These services may also include supervising other personnel.

Provider Agency will mean a partnership, corporation, or other entity, other than an individual, that indirectly provides authorized continuous skilled nursing services by a registered nurse or licensed practical nurse.

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Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or part liable under a statutory program of public assistance.

Reasonable Costs. Those reasonable and necessary costs incurred by an eligible provider of home health services, subject to the requirements and limitations of this chapter. In determining the reasonableness of costs, the Division may consider the particular services offered, the introduction of efficiency measures, the requirements for staffing, and the costs of providing comparable service.

Speech Therapy. Services provided by a qualified speech therapist, a speech therapy assistant or a speech therapy student supervised by a qualified speech therapist including: evaluating patient care needs; providing rehabilitating services for speech and language disorders; observing and reporting to the physician; instructing a patient, family and health care team personnel. This service may also include supervising other personnel.

Security/Escorts. The provision of security services to direct care personnel in the performance of a reimbursable home health visit

Therapeutic or Morbidity Home Visit. A home visit rendered by an eligible provider to an individual and/or family for the purpose of treating one or more diagnosed illnesses or disabilities.

Total Home Health Aide Hours. Total number of hours spent in therapeutic and morbidity home visits by all home health aides, but not including visits for services not payable under 114.3 CMR 50.00 and visits termed "not home, not found."

Total Nursing Visits. All therapeutic and morbidity home visits provided by all nurses, and nursing students but not including visits for services not payable under 114.3 CMR 50.00, visits termed "not home, not found," supervisory observation in the home and office visits.

Total Occupational Therapy Visits. All therapeutic and morbidity home visits rendered by all occupational therapists, certified occupational therapy assistants and occupational therapy students, but not including visits for services not payable under 114.3 CMR 50.00, visits termed "not home, not found," supervisory observation in the home and office visits.

Total Physical Therapy Visits. All therapeutic and morbidity home visits rendered by all physical therapists, physical therapy assistants and physical therapy students, but not including visits for services not payable under 114.3 CMR 50.00, visits termed "not home, not found," supervisory observation in the home, and office visits.

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Visit. A visit is a patient encounter of up to eight fifteen minute units.

Weekdays will mean the hours from 7:00 A.M. to 3:00 P.M., Monday through Friday.

Weekends, and Nights.

(a) Weekends (Wknds.) will mean the hours from 3:00 P.M., Friday, to 7:00 A.M., Monday.

(b) Nights (Nts.) will mean the hours from 3:00 P.M. to 7:00 A.M., Monday through Friday.

(c) Holidays - All official Commonwealth of Massachusetts holidays.

New Year's Day  
Martin Luther King Day  
Presidents' Day  
Patriot's Day  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Veteran's Day  
Thanksgiving Day  
Christmas Day

For purposes of this regulation holidays that occur on a weekend shall be observed on that day and not the preceding Friday or following Monday.

50.03: General Rate Provisions

(1) General Rate Provisions. Rates of payment for authorized home health services to which 114.3 CMR 50.00 applies will be the lower of:

- (a) The eligible provider's usual fee to patients other than publicly-aided patients; or
- (b) The schedule of rates set forth in 114.3 CMR 50.04.

(2) Individual Consideration. Rates of payment to an eligible provider of continuous skilled nursing care for procedures not listed herein or authorized procedures performed in exceptional circumstances will be determined on an Individual Consideration (I.C.) basis by the governmental unit. Eligible and interested Medicaid providers must apply for Prior Authorization in accordance with the Division of Medical Assistance 130 CMR 403.000 and 414.000. Determination of appropriate payment for authorized I.C. procedures will be in accordance with the following criteria:

- (a) The length of time required to perform the service;

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- (b) Degree of skill required for the service rendered;
- (c) Severity and complexity of the patient's disorder or disability;
- (d) Policies, procedures and practices of other third party purchasers of care, governmental and private;
- (e) Prevailing continuous skilled nursing ethics and accepted customs;
- (f) Such other standards and criteria as may be adopted by other governmental purchasing agencies.

Purchasing agencies will maintain records of the payments for services provided under this provision and the medical conditions that required intervention under this provision in such a way that this information can be retrieved separately from data for other continuous skilled nursing services.

50.04: Rates of Payment(1) Rates for Home Health Services, except Continuous Skilled Nursing Care in the home.

Code	Rate	Description
G0154	\$86.99/visit	Services of Skilled Nurse in home health setting
G0154 UD	\$69.59/visit	Services of Skilled Nurse in home health setting provided to a patient on service 61 consecutive calendar days or longer
G0154 TT	\$69.59/visit	Services of Skilled Nurse in home health setting (additional patient living in the same household)
99058	\$28.99/visit	Office services provided on an emergency basis
G0156	\$6.10/15 minutes	Services of Home Health Aide in the home health setting
G0151	\$68.30/visit	Services of Physical Therapist in the home health setting
G0153	\$72.88/visit	Services of Speech Therapist in the home health setting
G0152	\$71.20/visit	Services of Occupational Therapist in the home health setting

(2) Rates for Continuous Skilled Nursing Care(1) Single Patient, per straight-time hour.

Code	Modifier	Rates per 15 minutes		Description
		Agency	Individual Practitioner	
T1002		\$11.37	\$10.03	RN Services, Weekday
T1002	UJ	\$12.07	\$10.73	RN Services, Nights
T1002		\$15.71	\$14.37	RN Services, Holidays
T1003		\$9.37	\$8.36	LPN Services, Weekday
T1003	UJ	\$9.96	\$8.95	LPN Services, Nights
T1003		\$13.04	\$12.03	LPN Services, Holidays

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Weekend rates are the same as Night rates.

(2) Multiple-Patient Nursing.

- (a) Two publicly-aided patients, per straight-time hour. When only one of the patients is publicly-aided, the fee for services to the publicly-aided patient will be  $\frac{1}{2}$  of the appropriate rate listed below.



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Code	Modifier	Agency	Rates per 15 minutes	
			Individual Practitioner	Description
T1002	TT	\$15.98	\$14.50	RN Services, Weekday
T1002	U1	\$17.03	\$15.55	RN Services, Nights
T1002	TT	\$22.49	\$21.01	RN Services, Holidays
T1003	TT	\$13.24	\$12.13	LPN Services, Weekday
T1003	U1	\$14.12	\$13.01	LPN Services, Nights
T1003	TT	\$18.75	\$17.63	LPN Services, Holidays

Weekend rates are the same as Night rates.

(b) Three publicly-aided patients, per straight-time hour. When only one of the patients is publicly-aided, the fee for services to the publicly-aided patient will be 1/3 of the appropriate rate listed below. When two of the patients are publicly aided, the fee for services to the publicly-aided patients will be two-thirds of the appropriate rate listed below.

Code	Modifier	Rates per 15 minutes		Description
		Agency	Individual Practitioner	
T1002	U2	\$19.09	\$16.82	RN Services, Weekday
T1002	U3	\$20.31	\$18.04	RN Services, Nights
T1002	U2	\$26.69	\$24.42	RN Services, Holidays
T1003	U2	\$16.08	\$14.07	LPN Services, Weekday
T1003	U3	\$17.11	\$15.10	LPN Services, Nights
T1003	U2	\$22.51	\$20.50	LPN Services, Holidays

Weekend rates are the same as Night rates.

(3) Overtime

Code	Modifier	Rates per 15 minutes		Description
		Agency	Individual Practitioner	
T1002	TU	\$15.71	\$14.37	RN Services, Weekday
T1002	U4	\$16.76	\$15.42	RN Services, Nights
T1002	TU	\$22.23	\$20.88	RN Services, Holidays
T1003	TU	\$13.04	\$12.03	LPN Services, Weekday
T1003	U4	\$13.92	\$12.91	LPN Services, Nights
T1003	TU	\$18.55	\$17.53	LPN Services, Holidays

Weekend rates are the same as Night rates.

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50.05: Provisions for New Agencies

- (1) Any new agency must submit the following information:
  - (a) Medicare (CMS) letter of certification
  - (b) A list of charges to the general public
- (2) Rate of Payment. A new agency's rate of payment will be determined according to 114.3 CMR 50.04(1) or 114.3 CMR 50.04(2).

50.06: Administrative Adjustment

- (1) A certified home health agency may apply for a change in rate(s) of payment due to costs associated with providing interpreter and security/escort services as defined in 114.3 CMR 50.02.
- (2) Administrative adjustment may be provided on a prospective basis only.
- (3) Administrative relief will consist of an adjustment to the rate calculated by dividing the costs from the most recently filed and reviewed cost report by the number of service units reported for that corresponding period. The costs allowed will be limited to reasonable costs as defined in 114.3 CMR 50.02.
- (4) An administrative adjustment that an agency was awarded in a prior period may be updated by the Division using the data from most recent NSR Report.

50.07: Filing and Reporting Requirements

- (1) Required Reports. Each eligible provider agency or home health agency must file the following information in accordance with the schedule outlined in 50.07(2):
  - (a) The Nursing Service Cost Report for the agency's most recent fiscal year;
  - (b) A paper copy of the home health agency cost report (CMS 1728) in which the Continuous Skilled Nursing hours and costs are separated from the Home Health skilled nursing visits, costs and other statistics, and any supplemental schedules as supplied and/or required by the Division.
  - (c) Financial statements Agencies must submit copies of financial statements and other external documentation supporting the accuracy of the data reported on the cost report. Acceptable documentation includes one of the following items (in descending order of preference):
    1. Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant;

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2. A certification from a Certified Public Accountant attesting to the accuracy and validity of the data reported on the cost report. The CPA must not be a related party to the principal owners or partners of the agency.
  3. Copies of tax returns filed with the Internal Revenue Service for the reporting year;
- (d) Agencies that apply for an Administrative Adjustment under the provisions of 114.3 CMR 50.06 must submit separate documentation of costs associated with security escort and /or interpreter services.
- (2) Filing Deadlines. Each eligible provider agency or home health agency must file the required documents cited in 50.08(1) on a date specified in a letter or in an administrative bulletin. Agencies will have a minimum of 45 days notice between the issuance of the cost report and the due date.
- (3) Examination of Records. Each provider agency will make available all records related to its operation for audit, if requested by the Division and according to the requirements stated in 114.3 CMR 50.07(7).
- (4) Accurate Data. All reports, schedules, additional information, books and records that are filed or made available to the Division, will be certified under pains and penalties of perjury as true, correct, and accurate by the Executive Director or Financial Officer of the agency.
- (5) Agency Non-Compliance. Failure by an agency to submit accurate and timely information in compliance with the provisions of 114.3 CMR 50.07(2) may result in a penalty. The rates will be reduced for an amount of time equal to the period of non-compliance. The penalty will accrue at a rate of 5% per month of non-compliance. However, the penalty will not exceed a cumulative total of 50%. If a provider is not in full compliance upon the adoption of new rates, at no time can the new rates exceed the penalty-adjusted current rate. If the new rate were to exceed the penalty-adjusted current rate, the agency's use of the new rate will be delayed until full compliance with filing requirements. If the new rate is less than the rate currently in effect, then the new rate will become effective immediately and potentially subject to further penalty.
- (6) Contracts. Each agency that contracts for home health services will file with the Division, a copy of all contracts into which it has entered, after the effective date of 114.3 CMR 50.00.
- (7) Field Audit. The Division will determine if a field audit is necessary to substantiate information contained in the cost report. The Division will make reasonable attempts to schedule an audit at the mutual convenience of both parties.

50.08: Severability of Provisions of 114.3 CMR 50.00

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The provisions of 114.3 CMR 50.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances will be held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 50.00: M.G.L. c118G.